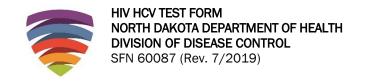


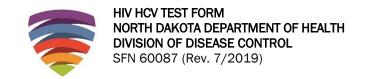
| Session Date: |  |
|---------------|--|
| Site ID:      |  |

| -                              | DIVISION OF DIS<br>SFN 60087 (Rev. 7/                                | ISEASE CONTROL 7/2019) Site ID:                       |  |  |  |                           |                                |  |  |
|--------------------------------|--|---|--|--|--|---------------------------|--------------------------------|--|--|
| CTR Site Inf                   | ormation   |   |  |  |  |                           |                                |  |  |
|                                | TR □ School □ S<br>Community Health                                  |   |  | ons 🗆 Public Pla                       | ace □ Sι                                 | ıbstance                  | Abuse Treatme                  | ent Facility                                       |  |
| Client's Der                   | nographics   |   |  |  |  |                           |                                |  |  |
| First Name                     |  | Last Name   |  | Birth Date                             |  |                           | Country of Bi                  | rth  |  |
|                                |  |   |  |  |  | _                         |                                |  |  |
| Street Addr                    | ress   | City  | Cou  | nty                                    | State                                    | Zip Cod                   | e Phone                        | Number   |  |
| _                              | ☐ Hispanic or Latinanic or Latinanic or Latinanic or Latinanic ☐ F   |   |  | rican Indian □<br>waiian/Pacific I     |  | -                         |                                |  |  |
|                                | nder Identity: 🛚   |   | ☐ Transgende                                       | er Female 🗆 Tra                        | ansgende                                 | er Male                   |                                | at Birth:  |  |
| Insurance S                    | Status: ☐ Private  | ☐ Medicare ☐  | Medicaid □ N                                       | Medicaid Expan                         | sion 🗆 I                                 | No Insura                 | ance 🗆 Other                   | <br>□ Unknown                                      |  |
|                                | Billed for HIV Test  |   |  | Client Billed for I                    |  |                           |                                |  |  |
| Previous HI                    |  |   | 1 17 515 5   |  |  |                           |                                |  |  |
|                                | Been Previously Te   | ested for HIV?  | ] Yes □ No □                                       | Unknown                                |  | If ves.                   | Date Tested: _                 | / /  |  |
|                                | orted Test Results:  |   |  |  | Unknow                                   |                           |                                |  |  |
| Previous HO                    |  | <u> </u>  | togativo — iii                                     |  | <u> </u>                                 |                           |                                | mary r contro                                      |  |
|                                | Been Previously Te   | ested for HCV? [                                      | □ Yes □ No □                                       | l Unknown                              |  | If yes,                   | Date Tested: _                 | / /  |  |
|                                | es, Reported Test<br>Results:  |   | dy Positive  | ☐ HCV Antibo                           |  | tive 🗆                    | HCV Positive<br>Unknown        |  |  |
| HIV & Hepa                     | titis C Test Inforr  | nation  |  |  |  |                           |                                |  |  |
| HIV Test Info                  | ormation   | HIV Confirmatory Test                                 |  | HCV Test In                            | HCV Test Information                     |                           |                                | HCV Confirmatory Test                              |  |
| Collection Dat                 |  | Collection Date:                                      | _//  | Collection Da                          |  | /                         | Collection Date                | -  |  |
| Worker:                        |  | If rapid reactive,                                    | ☐ Yes<br>☐ Refused                                 | Worker:                                |  |                           | If rapid reactive, did         | ☐ Yes<br>☐ Refused                                 |  |
| Test<br>Technology:            | ☐ Conventional<br>☐ Rapid  | did client provide a confirmatory sample?             | ☐ Could Not Locate                                 | Test<br>Technology:                    | ☐ Conv                                   |                           | client provide                 | ☐ Could Not Locate                                 |  |
| Test                           | ☐ Preliminary Positive   | Sample:   | ☐ Referred   | Test                                   | □ Prelir                                 |                           | sample?                        | ☐ Referred   |  |
| Result:                        |  | Test<br>Result:                                       | ☐ Positive☐ Indeterminat☐ Invalid☐ Negative☐       | Result:<br>e                           | Positive ☐ Positive ☐ Negative ☐ Invalid |                           | Test<br>Result:                | ☐ RNA Positive☐ RNA Negative☐ Conf. Ab Pos.        |  |
|                                | ded?   | Results Provided?  ☐ Yes, client obtainanother agency | ☐ Yes ☐ No   | Results Prov  Yes, client from another | obtained i                               |                           |                                | ed? ☐ Yes ☐ No<br>btained results                  |  |
| Date Provided                  | l:/  | Date Provided:  | _//  | Date Provide                           | d:/_                                     | _/                        | Date Provided:                 | //   |  |
| Why were results not provided? | ☐ Declined Notification ☐ Could Not Locate ☐ Other                   | Why were results not provided?                        | □ Declined Notification □ Could Not Locate □ Other | Why were results not provided?         | ☐ Dec<br>Noti<br>☐ Cou<br>Loca           | fication<br>ld Not<br>ate | Why were results not provided? | ☐ Declined Notification ☐ Could Not Locate ☐ Other |  |
| If not, w                      | n infections the clier<br>hy: □ Patient Refus<br>lia/Gonorrhea, plea | sed - Unable to Pa                                    | ay □ Patient Ref                                   | fused - Other 🗆                        | Not Reco                                 | mmended                   |                                |  |  |
|                                | tis Vaccine  |   |  |  |  |                           |                                |  |  |
| •                              | tis A and/or B vac   | cine given? □ Y                                       | ′es □ No If  | yes, type of va                        | ccine giv                                | en: 🗆 He                  | ep A □ Hep B                   | □ Twinrix  |  |

☐ Refused Vaccine If no, why? ☐ Not at risk for HCV  $\square$  Client indicated they were up to date ☐ Verified by provider to be up to date ☐ Private Vaccine Administered □Facility doesn't offer vaccine ☐ Outreach Event ☐ Refer to Immunization Clinic

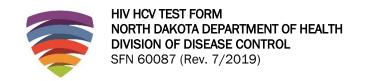


| Sexual Health History   |                                    |              |   |  |
|---|------------------------------------|--------------|---|--|
| 1. Has client EVER reported having sex with a Male?   | □ No                               | ☐ Yes        | ☐ Don't Know                                |  |
| In the past five years, did client report having sex with a Male?   | □ No                               | ☐ Yes        |   |  |
| 2. Has client EVER had sex with a <u>Female</u> ?   | □ No                               | ☐ Yes        | ☐ Don't Know                                |  |
| In the past five years, did client report having sex with a Female?   | □ No                               | ☐ Yes        |   |  |
| 3. Has client EVER had sex with an individual identifying as <u>Transgender</u> ?   | □ No                               | ☐ Yes        | ☐ Don't Know                                |  |
| In the past five years, did client report having sex with a Transgender?  | □ No                               | ☐ Yes        |   |  |
| 4. Did Client EVER Report Injection Drug Use?   | □ No                               | ☐ Yes        | ☐ Don't Know                                |  |
| In the past 5 years, did client report Injection Drug Use?  | □ No                               | ☐ Yes        |   |  |
| Has Client Ever Shared Equipment or Supplies While Injecting Drugs?   | □ No                               | ☐ Yes        | ☐ Don't Know                                |  |
| Current Sexual Health Behaviors - Last 12 Months or Since Last Sexua  | l Encou                            | inter Unle   | ss Otherwise Specifie                       |  |
| <ol> <li>The client's current sex partners are (Check All That Apply): ☐ Males ☐ Client has</li> </ol>                      |                                    |              | nsgender Individuals                        |  |
| 2. How many individuals did the client have sex with in the past 60 days?   | □ 0 □                              | 1-2 🗆 3      | 3-5 □>5                                     |  |
| 3. How often does the client use condoms/other protection? □Always □M □ Client has never had sex                            |                                    |              |   |  |
| 4. What type of sex has the client had in the past 12 months or since the cl  | ient's la                          | st CT/GC to  | est? (Check All That Apply)                 |  |
| ☐ No sex in past ☐ Vaginal Sex ☐ Oral Sex - Unspecified ☐ Oral Sex - Unspecified ☐ Anal Sex - Unspecified ☐ Anal            |                                    |              | ☐ Oral Sex - Receive<br>☐ Anal Sex - Bottom |  |
| 5. Has the client used drugs in the past 12 months? ☐ Yes ☐ No ☐ Ur   | nknown                             |              |   |  |
| If Yes: Methods of Drug Use (Check All That Apply): ☐ Inject ☐ Smoke ☐  | ☐ Snort                            | □ Ingest □   | ☐ Unknown                                   |  |
| 6. Has the client had anonymous sex partners? (ex. used dating apps or met  | t at bar)                          | □ Yes □      | ] No □ Unknown                              |  |
| Additional HIV Risk Factors Last 12 Months, Check all that apply.   |                                    |              |   |  |
| ☐ Exchange sex for drugs/money ☐ Sex with Person Living with HIV  |                                    |              | uman/sex trafficking                        |  |
| ☐ Sex with someone diagnosed with a STD ☐ Sex with someone who exchanges  |                                    |              | th a person who injects                     |  |
| ☐ Previously diagnosed with a STD sex for drugs/money   | drugs  ☐ Patient requested testing |              |   |  |
| ☐ Sex under influence of drugs or alcohol ☐ Victim of sexual assault ☐ Sex with multiple partners ☐ From Endemic HIV Region | Ц                                  | Patient requ | uested testing                              |  |
| Additional HCV Risk Factors Last 12 Months, Check all that apply.   |                                    |              |   |  |
| ☐ Have HIV infection ☐ Mother had HCV infection   | П                                  | Had sex witl | h HCV infected individual                   |  |
| ☐ Received blood clotting factors before 1987 ☐ Family member HCV Positive  |                                    |              | er screening                                |  |
| ☐ Received blood transfusion or ☐ Receiving long-term hemodialys  |                                    | -            | en 1945 & 1965)                             |  |
| organ transplant before 1992  |                                    | Sex with a p | erson who injects drugs                     |  |
| ☐ Abnormal liver tests piercings in a non-sterile setting   | ş 🗆 I                              | Patient requ | lested testing                              |  |
| PrEP Awareness, Referrals and Eligibility Screening   |                                    |              |   |  |
| 1. Has the client ever heard of HIV PrEP?   | No I                               | □ Yes        |   |  |
| 2. Has the client used PrEP anytime in the previous 12 months?  | No I                               | □ Yes        |   |  |
| Is the client currently taking HIV PrEP?  | No I                               | □ Yes        |   |  |
| 3. Was the client <u>screened</u> for PrEP eligibility? $\hfill\Box$ No $\hfill\Box$  | Yes                                |              |   |  |
| Is the client <u>eligible</u> for a PrEP referral? $\Box$ No $\Box$   | Yes, CD                            | OC Criteria  | ☐ Yes, Local Criteria                       |  |
| Was the client <u>referred</u> to a PrEP provider? ☐ No ☐   | Yes                                |              |   |  |
| Was <u>navigation</u> or linkage services provided to assist □ No □ with linkage to a PrEP provider?                        | Yes                                |              |   |  |



**Essential Support Services - All Clients** 

| 1. Was the client <u>assessed</u> for <b>health benefits navigation and enrollment</b> needs?                         | □ No | ☐ Yes |
|---|------|-------|
| Was the client identified as <u>needing</u> health benefits navigation and enrollment services?                       | □ No | ☐ Yes |
| Was the client <u>provided</u> or <u>referred</u> to services for health benefits navigation and enrollment services? | □No  | □ Yes |
| 2. Was the client assessed for evidence-based risk reduction intervention needs?                                      | □ No | ☐ Yes |
| Was the client identified as <u>needing</u> evidence-based risk reduction intervention services?                      | □ No | ☐ Yes |
| Was the client <u>provided</u> or <u>referred</u> to evidence-based risk reduction intervention services?             | □No  | ☐ Yes |
| 3. Was the client <u>assessed</u> for <b>behavioral health</b> service needs?   | □ No | ☐ Yes |
| Was the client identified as needing behavioral health services?  | □ No | ☐ Yes |
| Was the client <u>provided</u> or <u>referred</u> to behavioral health services?                                      | □ No | ☐ Yes |
| 4. Was the client <u>assessed</u> for <b>social services</b> needs?   | □ No | □ Yes |
| Was the client <u>identified</u> as needing social services?  | □ No | ☐ Yes |
| Was the client was <u>provided</u> or <u>referred</u> to social services?   | □ No | ☐ Yes |



Additional Questions - Persons Diagnosed with HIV 1. Did client receive individualized behavioral risk reduction counseling? □ No ☐ Yes ☐ Literally Homeless ☐ Unstably housed 2. By client's self-report, what was the most unstable ☐ Stably housed ☐ Not Asked housing status experienced in the previous 12 months: ☐ Declined ☐ Unknown ☐ Not Asked 3. Is the client pregnant? □ No ☐ Yes ☐ Declined to Answer ☐ Unknown Has the client received prenatal □ No ☐ Yes ☐ Not Asked ☐ Declined to Answer ☐ Unknown care during the pregnancy? Essential Support Services - Persons Diagnosed with HIV □ No ☐ Yes 1. Was the client screened for the need of navigation for linkage to HIV medical care? Was the client identified as needing navigation services for linkage to HIV medical care? □ No ☐ Yes Was the client provided or referred to navigation services for linkage to HIV medical care? □ No ☐ Yes □ No Was the client <u>screened</u> for the need of linkage services to HIV medical care? ☐ Yes Was the client identified as needing linkage services to HIV medical care? □ No ☐ Yes Was the client provided or referred for linkage services to HIV medical care? ☐ Yes 3. Was the client <u>assessed</u> for **health benefits navigation and enrollment** needs? ☐ Yes Was the client identified as needing health benefits navigation and enrollment services? □ No ☐ Yes Was the client provided or referred to services for health benefits navigation and ☐ No ☐ Yes enrollment? 4. Was the client <u>assessed</u> if they needed medication adherence support services? □ No ☐ Yes □ No ☐ Yes Was the client identified to need medication adherence support services? Was the client provided or referred to medication adherence support services? ☐ Yes 5. Was the client assessed for evidence-based risk reduction intervention needs? □ No □ Yes □ No ☐ Yes Was the client identified as needing evidence-based risk reduction intervention services? Was the client provided or referred to evidence-based risk reduction intervention services? □ No ☐ Yes Behavioral Health Services & Social Services - Persons Diagnosed with HIV 1. Was the client assessed for behavioral health services needs? □ No ☐ Yes Was the client identified as needing behavioral health services? □ No ☐ Yes Was the client provided or referred to behavioral health services? □ No ☐ Yes □ No 2. Was the client assessed for social services needs? ☐ Yes □ No Was the client identified as needing social services? ☐ Yes Was the client provided or referred to social services? □ No ☐ Yes